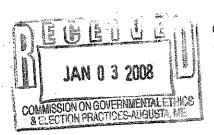


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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.							
LEGI	SLATOR INFORMATION						
Name Jacqueline Norton	Member of:  ☐ Senate						
Jacqueline Norton Mailing address 85 Thomas Will	District  / 5						
City, zip code Bangon 644	Phone 207-947-8873						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer	Address	- Principal Type of Economic Activity of Employer					
St of ME	•	Leg. Pay					
	DERIVED FROM SELF-EMPLOYMEN lators who are self-employed.)	Ī					
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name: Address:		·					
Name: Address:	e en eren den som konstrumen påkannen (per en er er er er eg e e e e e e						
/							

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO' (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the put the entity or person from whom the income was derived.	derived such income. If this form of principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	Colored Transport Control of the Colored Color
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	THE REPORT OF THE PROPERTY OF
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	200 Security 200 200 200 200 200 200 200 200 200 20
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	で ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: $MSRS$	pension
Address:	FO. YORK 25 A 22 2 A 22 A 24 A 24 A 24 A 24 A 24
Name:	
Address:	·
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	•
Name of Source of Gift  1. Name of S  3.	Source of Gift
Ž	

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PART 7. REPORT					
List the source of any honoraria accepted for appearances or speed	hes rela	ited to y	our off	icial duties. If none, o	heck the box.
None					
Name of Source of Honoraria	19 17 C	(a. indike)	a y a N	ame of Source of Hor	ioraria
1.	3.			•.	
2.	4.			VTT II TUT TÜÜLÜMÜT Ö Ö ÖRÜN MANNI VIIII VIII TÜRÜNÜMÜMÜ	
PART 8. REPRESENTATION	BEFO	RE ST	ATE /	AGENCIES	
List each executive branch agency before which you represented the box.	or assist	ted othe	ers for	compensation of any	amount. If none, check
None	-77-77-77-77-77-77-7-7-7-7-7-7-7-7-7-7		THE WAY AND THE PARTY OF THE PA	AND THE RESERVE OF THE PERSON	
Name of Agency		manus di di di		Name of Agency	
1.	3.	-			•
2.	4.				e de la companya de la del de la companya del companya de la companya de la companya del companya de la company
PART 9. BUSINESS W	ITH ST	ATE A	GENC	EIES	
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	A		4 4		with a value in excess of
None	······································		TO THE TAXABLE AND THE		3.
Name of Agency			ramer	Name of Agency	
1.	3.	<u>,</u>	- <u>144 . e 25</u> 0.0		
2.	4	·	<del></del>		
	4.				
PÄRT 10. INCOME RECEIVED BY	22	Company of the Company of the		· 1967年 (東京の東京) 1977年 1982年 1985年 1987年 1	
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$ I. Do no	1,000 o ot includ	r more le gifts	received by your spo Circle "S" for incom	ouse or dependent child e received by spouse or
Type of Economic Activity Representing Source of Income Recei	/ed	Cir appro lett	priate	Kind	of Income
1.		S	D		er egit Miller Station - San Statement en
2.		S	D		THE COURT OF THE PROPERTY OF T
3.		S	D		
4.		S	D	gada - Mandard V Sandamonius - W darra (H) - KAS VI ( MA ( MASsan annumuna muu	en e

## SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

2,0000

Date

NAME:	DATE:	2002-41 <del></del>
ADDRESS:		
	ADDITIONAL INFORMATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please provide information you	ny additional information below (and on additional sheets if needed). Indicate the part or section number for the providing.	he
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